MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/157 931

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1							51						
2	1							52						
3		2						53						
4		2						54						
5		2						55						
6		2						56						
7		2						57						
8		2						58						
9		2						59						
10		1						60						
11		1						61						
12		1						62						
13		1						63						
14		1						64						
15		1						65						
16		1						66						
17		1						67						
18		1						68						
19		10						69						
20		10						70						
21		8						71						
22		8						72						
23		8						73						
24		8						74						
25		8						75						
26		8						76						
27		8						77						
28		8						78						
29		8						79						
30		8						80						
31		8						81						
32		8						82						
33		8						83						
34	1							84						
35		1						85						
36		1						86						
37		1						87						
38	1							88						
39		1						89						
40		1						90						
41		1						91						
42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.	4							TOTAL IND.						
TOTAL DEP.	62							TOTAL DEP.						
TOTAL CLAIMS	66							TOTAL CLAIMS						

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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